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Bib Data Sheet

**CONFIRMATION NO. 1709**

SERIAL NUMBER 09/899,575	FILING OR 371(c) DATE 07/05/2001 RULE	CLASS 536	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. PP01631.102 (CHIR-1631/03)
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/610,313 07/05/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/06/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 114	TOTAL CLAIMS 97	INDEPENDENT CLAIMS 30
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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**TITLE**

Polynucleotides encoding antigenic HIV type C polypeptides, polypeptides and uses thereof

FILING FEE RECEIVED 4524	<p>FEES: Authority has been given in Paper        No. _____ to charge/credit DEPOSIT ACCOUNT        No. _____ for following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All Fees</li> <li><input type="checkbox"/> 1.16 Fees ( Filing )</li> <li><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</li> <li><input type="checkbox"/> 1.18 Fees ( Issue )</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Credit</li> </ul>
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